UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

PRIMERICA LIFE INSURANCE COMPANY

*

Plaintiff,

Case No. 19-cv-5546

DOLORES FORD COLEMAN,

*

Defendant, et al.

Judge: Nitza Quinones Alejandro

DEFENDANT, DOLORES FORD COLEMAN'S ANSWER, AFFIRMATIVE DEFENSES AND CROSS-CLAIMS TO INTERPLEADER COMPLAINT

- 1. Ms. Coleman admits the allegation in paragraph 1.
- 2. Ms. Coleman admits the allegation in part and denies in part. The allegations are admitted except for the name "Dolores Ford Coleman" who was formerly known as "Dolores Ford Coleman" but who is presently known as Dolores R. Ford.
- 3. Ms. Coleman admits the allegation in paragraph 3.
- 4. Ms. Coleman admits the allegation in paragraph 4.
- 5. Ms. Coleman admits the allegation in paragraph 5.
- 6. Ms. Coleman admits the allegation in paragraph 6.
- 7. Ms. Coleman admits the allegation in paragraph 7.
- 8. Ms. Coleman admits the allegation in paragraph 8.
- 9. Ms. Coleman admits the allegation in paragraph 9.
- 10. Ms. Coleman admits the allegation in paragraph 10.
- 11. Ms. Coleman admits the allegation in paragraph 11.

JURSIDICTION

12. Ms. Coleman admits the allegation in paragraph 12.

- 13. Ms. Coleman admits the allegation in paragraph 13.
- 14. Ms. Coleman admits the allegation in paragraph 14.

VENUE

15. Ms. Coleman admits the allegation in paragraph 15.

BACKGROUND

- 16. Ms. Coleman admits the allegation in paragraph 16.
- 17. Ms. Coleman admits the allegation in paragraph 17.
- 18. Ms. Coleman admits the allegation in paragraph 18.
- 19. Ms. Coleman denies the allegations in paragraph 19. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 20. Ms. Coleman denies the allegations in paragraph 20. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 21. Ms. Coleman denies the allegations in paragraph 21. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 22. Ms. Coleman denies the allegations in paragraph 22. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 23. Ms. Coleman denies the allegations in paragraph 23. Further, after reasonable

investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

- 24. Ms. Coleman admits the allegations in paragraph 24.
- 25. Ms. Coleman admits the allegations in paragraph 25.
- 26. Ms. Coleman denies the allegations in paragraph 26. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 27. Ms. Coleman denies the allegations in paragraph 27. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 28. Ms. Coleman admits the allegations in paragraph 28.
- 29. Ms. Coleman denies the allegations in paragraph 29. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 30. The document speaks for itself.
- 31. Ms. Coleman denies the allegations in paragraph 31. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 32. Ms. Coleman denies the allegations in paragraph 32. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

- 33. Ms. Coleman denies the allegations in paragraph 33. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 34. Ms. Coleman denies the allegations in paragraph 34. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 35. Ms. Coleman denies the allegations in paragraph 35. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 36. Ms. Coleman denies the allegations in paragraph 36. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 37. Ms. Coleman denies the allegations in paragraph 37. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 38. Ms. Coleman denies the allegations in paragraph 38. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
- 39. Ms. Coleman admits the allegations in paragraph 39.

FIRST AFFIRMATIVE DEFENSE

40. Plaintiff is bound not to release the funds to the beneficiaries under the Multi-

Purpose Change form dated July 18, 2019 as Andrew J. Ford, Jr., ("Insured"), was subject to undue influence, duress, constraints and incapacity, at the time he allegedly signed the form dated July 18, 2019, which was one day before his death.

SECOND AFFIRMATIVE DEFENSE

41. Plaintiff is bound not to release the funds to the beneficiaries under the Multi-Purpose Change form dated July 18, 2019 as the signature on the form is not that of the Insured.

THIRD AFFIRMATIVE DEFENSE

42. Plaintiff is bound to release the finds to Dolores Ford Coleman a.k.a Dolores R. Ford, as she is the sole and rightful beneficiary as written in the designation form dated July 27, 1999.

FOURTH AFFIRMATIVE DEFENSE

43. Plaintiff is bound not to release the funds to the beneficiaries under the Multi-Purpose Change form dated July 18, 2019 due to mistake. Ms. Coleman may introduce evidence of mistake regarding the change form which the insured purportedly signed.

FIFTH AFFIRMATIVE DEFENSE

44. Plaintiff is not entitled to attorney's fees or costs. Plaintiff had a duty under the terms of the policy to determine the proper beneficiary under the policy, however, instead of doing so seeks a determination by this Court. Plaintiff is not entitled to shift the cost of making that determination onto Ms. Coleman by seeking attorney's fees or costs in this action.

CROSS-CLAIMS

COMES NOW Cross-Plaintiff/Defendant Dolores Ford Coleman, ("Ms. Coleman"), and for her Cross-Claims against Cross-Defendants Ford Memorial Temple, Inc., ("Ford Memorial"), Next Generation Fellowship Ministries, Inc., ("Next Generation"), Turay Memorial Funeral Chapel, Inc., ("Turay"), Syreeta

Lawrence, Drew Smith, Shanelle Ford, Andrew J. Ford, III, Britney Ford and North Carolina Mutual Financial, LLC, ("NCMF"), as follows:

Ms. Coleman incorporates herein her Answers to the Interpleader Complaint, her Affirmative Defenses as if restated in full and also asserts the following Cross-Claims:

Jurisdiction, Parties and Venue

- 45. This Cross-Claim arises out of the Interpleader Complaint of Primerica Life Insurance Company, ("Primerica"), and is properly before the Court by virtue of the Court's pendent jurisdiction under 28 U.S.C. 1332 and 1335.
- 46. Ms. Coleman is a citizen of the State of New Jersey and is the named beneficiary of a life insurance policy which is subject to this litigation.
- 47. Plaintiff, Primerica is a Tennessee corporation for purposes of 28 U.S.C. 1332.
- 48. Cross-Defendants, Ford Memorial, Next Generation, Turay, Syreeta Lawrence, Drew Smith, Shanelle Ford, Andrew J. Ford, III, Britney Ford are all citizens of Pennsylvania for purposes of 28 U.S.C. 1332 and 1335.

Factual Background

- 49. Ms. Coleman is the sister of Andrew J. Ford, Jr., the insured and sole beneficiary of the Primerica Life insurance Policy No. 0432007528 as stated in Section 6 dated July 27, 1999. (See Exhibit "A" Plaintiff's Complaint).
- 50. Upon information and belief the insured was suffering from cancer as well as other complications prior to his death which required him to undergo medical treatment and hospitalization.
- Prior to his death the insured was hospitalized at Cooper Hospital in Camden,
 New Jersey.
- 52. Upon information and belief the insured was undergoing various treatments for cancer and was taking pain medications before and during the course of his hospital stay.

- 53. Upon information and belief family members and friends visited the insured within a week of his passing.
- 54. During visits with family and friends the insured would intermittently lose consciousness.
- 55. Regularly present in the insured's hospital room was Cheryl Whitt ("Whitt"), a long time companion of the insured and employee/administrator of Ford Memorial.
- 56. Upon information and belief E. Malone Porterfield, ("Porterfield"), was present at various times in the insured's hospital room.
- 57. Whitt and Porterfield were employed by Ford Memorial and Next Generation and maintained administrative authority for said entities.
- 58. On July 18, 2019, one day before the insured's death, Syreeta Lawrence, the daughter of the insured, was asked by Whitt, to sign as a "witness" a particular "form" in the insured's hospital room. (See attached Exhibit "B" of Plaintiff's Complaint).
- 59. Upon information and belief, both Whitt and Porterfield were acting in the interest of or as representatives, agents or employees of Ford Memorial, Next Generation and Turay respectively.
- 60. Upon information and belief, both Whitt and Porterfield would benefit, directly or indirectly from the proceeds of the Primerica Life Insurance policy under the terms of the Multi-Purpose Change form dated July 18, 2019.
- 61. Upon information and belief Whitt attempted to and may have improperly become an officer of Ford Memorial Temple after the death of the insured. (See attached Cross-Claimant's Exhibit "A").
- 62. Upon information and belief Syreeta Lawrence was told by Whitt that the form dated July 18, 2019 was related to the payment of medical bills for the insured and that she must sign as this was for the benefit of her father.
- 63. Upon information and belief, Syreeta Lawrence did not knowingly sign as a

- "witness" the Multi-Purpose Change form dated July 18, 2019.
- 64. Upon information and belief the form was signed one (1) day prior to the insured's death.
- 65. Upon information and belief the insured did not knowingly sign the Multi-Purpose Change form.
- 66. Upon information and belief the signature on the Multi-Purpose Change form dated July 18, 2019 was not that of the insured.
- Upon information and belief the insured was not the individual who signed the Multi-Purpose Change form dated July 18, 2019.
- 68. Upon information and belief one (1) day before his death, the insured had a weakened intellect and lacked the capacity to understand the legal significance and ramifications of signing the Multi-Purpose Change form on July 18, 2019.
- 69. The insured died on July 19, 2019 as a result of acute renal failure and cancer of the bile duct, (See attached Cross-Claimant's Exhibit "B").
- In late July 2019, after the insured died, Porterfield visited with members of the insured family.
- The visit by E. Malone Porterfield was at the decedent's home in Cherry Hill, New Jersey.
- 72. Present at this meeting were members of the Ford family.
- 73. At this meeting, Porterfield brought a handwritten list of names that were purportedly named beneficiaries designated by the insured.
- 74. The names were presented by E. Malone Porterfield to Steven Ford, brother of the insured.
- 75. The names written on the list were similar to the names stated on the Multi-Purpose Change form dated July 18, 2019, but also included the names of Cheryl Whitt, E. Malone Porterfield, Rodney Harrison, Bernard Lambert and Tiffany Bligen.
- 76. Porterfield's presentation of a list of purported beneficiaries was a clear attempt

to manipulate the Ford family and Primerica.

- 77. On or about August 25, 2019, Ms. Coleman submitted a claimant's statement to Primerica Life Insurance Company seeking payment under the terms of the policy numbered 0432007528. (See attached Exhibit "F" of Plaintiff's Complaint).
- 78. On or about August 28, 2019, Cheryl Whitt on behalf of Ford Memorial submitted a claimant's statement to Primerica Life Insurance Company seeking payment under the terms of the policy numbered 0432007528. (See attached Exhibit "G" of Plaintiff's Complaint).

CROSS-CLAIM COUNT I.

CROSS-CLAIM FOR DECLARATORY JUDGMENT THAT DEFENDANT DOLORES FORD COLEMAN IS ENTITLED TO THE PROCEEDS OF THE PRIMERICA LIFE INSURANCE POLICY AGAINST DEFENDANTS FORD MEMORIAL TEMPLE, INC., NEXT GENERATION FELLOWSHIP MINISTRIES, INC., TURAY MEMORIAL FUNERAL CHAPEL, INC., SYREETA LAWRENCE, DREW SMITH, SHANELLE FORD, ANDREW J. FORD, III, BRITNEY FORD AND NORTH CAROLINA MUTUAL FINANCIAL, LLC

- 79. Ms. Coleman is the sister of the insured and sole beneficiary of Primerica Life Insurance Policy No. 0432007528 as stated in Section 6 dated July 27, 1999. (See Exhibit "A" Plaintiff's Complaint).
- 80. The life insurance policy provides for payment to Ms. Coleman in the amount of Three Hundred Thousand Dollars (\$300,000.00).
- 81. The insured died on July 19, 2019.
- 82. As the sole designated beneficiary, Ms. Coleman is entitled to the full proceeds of the policy.

WHEREFORE, cross-claimant prays for the following relief:

A. Declare that Ms. Coleman a.k.a. Dolores R. Ford is the sole beneficiary under the Primerica Policy No. known as No. 0432007528.

- B. Order Primerica Life Insurance Company to pay Ms. Coleman the full amount of the policy along with interest, counsel fees and costs.
- C. Award such other relief as the Court deems equitable.

CROSS-CLAIM COUNT II CROSS-CLAIM FOR UNDUE INFLUENCE, FRAUD, DURESS, MISTAKE, CONSTRAINTS AND INCAPCITY, AGAINST DEFENDANTS FORD MEMORIAL TEMPLE, INC., NEXT GENERATION FELLOWSHIP MINISTRIES, INC., TURAY MEMORIAL FUNERAL CHAPEL, INC., SYREETA LAWRENCE, DREW SMITH, SHANELLE FORD, ANDREW J. FORD, III, BRITNEY FORD AND NORTH CAROLINA MUTUAL FINANCIAL, LLC

- 83. Cross-Defendants, Ford Memorial, Next Generation and Turay, by and through their agents, representatives, employees or administrators, were in a confidential relationship with the insured, Andrew J. Ford, Jr. at the time the insured allegedly signed the Multi-Purpose Change form dated July 18, 2019, which purported to name Cross-Defendants as his beneficiaries one day prior to the insured's death.
- 84. Cross Defendants, Ford Memorial, Next Generation and Turay by way of their agents, representatives, employees or administrators, were dominant parties over the insured at the time the insured allegedly signed the Multi-Purpose Change form dated July 18, 2019, which purported to name said Cross-Defendants as his beneficiaries one day before the insured's death.
- 85. Cross-Defendants, Ford Memorial, Next Generation and Turay, by and through their agents, representatives, employees or administrators, had controlling and overpowering influence over the insured at the time the insured signed the Multi-Purpose Change form which purported to name said Cross-Defendants as his beneficiaries one day before the insured's death.
- 86. At the time the insured allegedly signed the Multi-Purpose Change form the

insured suffered from a weakened intellect caused by cancer, treatment for the cancer as well as the effects of pain and other medications.

- 87. At the time the insured allegedly signed the Multi-Purpose Change form his mental capacity and intellect was so weakened by the cancer and the effects of the pain medication that he could not have understood the ramifications of his alleged actions.
- 88. At the time the insured allegedly signed the Multi-Purpose Change form he was mistaken and/or mislead as to what document he was allegedly signing.
- 89. At the time the insured allegedly signed the Multi-Purpose Change form dated July 18, 2019, the insured was acting under undue influence, duress and constraint.
- 90. The undue influence of Cross-Defendants, Ford Memorial, Next Generation and Turay by and through Whitt and Porterfield restrained and/or prevented the insured from following his intended desire to have the proceeds of the policy distributed to Ms. Coleman and instead substituted the wishes of said Cross-Defendants.
- 91. Because of Cheryl Whitt's position as confident to the insured as well as the administrator for Ford Temple, she was in a unique position to influence, dominate, control and orchestrate the signing of the Multi-Purpose Change form dated July 18, 2019.
- 92. The signature on the Multi-Purpose Change form dated July 18, 2019 was not the signature of the insured Andrew J. Ford, Jr.
- 93. The document presented by Cross Defendants dated July 18, 2019, purports to show the signature of the insured, however, the signature is not that of the insured.
- 94. The Cross-Defendants, in particular Cheryl Whitt, knew that it was a false signature and/or that it was signed under duress or false pretenses and knowingly submitted the

form to Primerica thereby attempting to induce the Plaintiff to make payment under the terms of the policy.

95. In addition, Whitt's misrepresentation of the contents of the form induced Syreeta Lawrence into signing as a witness.

96. The submission of the Multi-Purpose Change form submitted by Cross-Defendant Ford Memorial was a material factual misrepresentation; (2) made with knowledge or belief of its falsity; (3) with the intention that Primerica and/or Syreeta Lawrence relied thereon; (4) resulting in justifiable reliance to that party or parties to their detriment and is therefore a fraudulent representation.

WHEREFORE, cross-claimant prays for the following relief:

- A. Order that the designation of Beneficiary form dated July 18, 2019 is void.
- B. Order a rescission of the designation of Beneficiary form dated July 18, 2019.
- C. Order that Dolores Ford Coleman, a.k.a. Delores R. Ford be paid the full amount of the Primerica Insurance Policy along with interest.
- D. Award costs, counsel fees and punitive damages against cross-defendants in an amount sufficient to deter similar conduct;
- E. Award such other relief as the Court deems equitable.

Respectfully submitted

Seth P. Maltzman, Esquire (PA ID 51636)

Attorney for Defendant, Dolores Ford Coleman

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Bala Cynwyd, PA 19004

P. (610) 664-2022

F. (610) 667-3660

sethmaltzman@gmail.com

Dated: January 13, 2020

EXHIBIT "A"

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Document 9

Case

EXHIBIT "B"

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BankofAmerica-East4a 7/19/2019 11:35:17 AM PAGE 2/003 888-294-5858



Primerica Life insurance Company Executive Office: 1.Primerica Parkway Duluth, Georgia 30,099-0001 1-800-257-4725 · Personal RVP Line 1-800-737-5596 Assesseyour golligy at mygrimerica.com

	MULTIPURPOSE CHANGE FORM
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POLICY OWNER ADDRESS OUT OF COMPANY Policy Owner 4031-37	CHANGE TFORD JR. 043200752 germantown ave Polloy Number
Philade Lp. Day Phone Number Home	Work Other Svening Phone. Number Home Work Other
NAME CHAMGE Use only Policy Owner Prior Hame (First, Middle, Last)	when current policyowner or insured(s) has legally changed his/her name. Primary Insured Insured Spouse Other Insured Child
New Name (First, Middle, Last) Réason for Change (Marriage, Cou	urt Order, etc.)
TRANSFER OWNERSHIP	M:
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New Owner (First, Niddle, Last) NEW OWNER MUST COMP	
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ay Phohe Number Home	Work Other Evening Phone Number Home Work . Other
address Sity	# State File Code
	OVER - State ZIP Code
4-83 REV 3	05.14

Case 2.199-x 2055546 WIQA Document 1 Filed 191257130 Page 19 9 for 732

BankofAmerica-East4a 7/19/2019 11:35:17 AM PAGE 3/003 888-294-5658

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-oa nev 3					05.

EXHIBIT "F"

PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primorica Parkway . Duluth, Georgia 30099-0001

CLAIMANT'S STATEMENT

FOR ASSISTANCE CALL TOLL-PREE 1-888-893-9958

Please Attach a Certified Death Certific	eate
Please show all names the deceased was known by, including full name name, nickname, derivative form of first and/or middle name, or any of the land o	ne, maiden name, hyphenated affas. 1, TL.
2. Policy Numbers #043200 M528	
B. Deceased's Birth Date Source from which Birth Date Obtained	Famus Dans
1. Residence of Deceased at Death Sure Address	Nerry HI W 080
Date of M-19-2019 Place of Death Coop	er Hospital Chiverson
of Death to the Deceased	Sistel
of Deceased tord Memorial Temple To Occupation Pa	ofor
If deceased has insurance with other companies, list names of companies	and amounts bolow:
Names of Companies	Amounts
D. Marital Status of Deceased WICOWCO Spouse's Name 1	Deceased
Children of Deceased WARW James End III Spause's Address	·
J. WITHING TO I	

The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

The Claimant Information on the reverse side must be filled out completely in order to avoid any delay.

PLA-0801

0432007528

CLAIMANT INFORMATION

The information in this section must pertain to the Claimant (the beneficiary). Please read carefully. Please print or type and complete in full. This form must be signed and notarized.
Claimant's Full Name: DOLORES REWET FOLD
Date of Birth: Social Security No. or Tax id.:
Permanent Address: By WOOL buy Street and Apr. or Sudes and 100 against a Roll and Security Number Tax Id Number Guardian - Child's Social Security Number Trust Tax Id Number Trust Tax I
Mailing Address: (If different than above)
Home Phone: Area Sede Phone Number Work Phone Area Code Phone Number Area Code Phone Number
Please select your method of payment by marking the appropriate box below:
Primerica Estate Account
Under the penaltics of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number; and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. person (including a U.S. resident alien). Certification Instructions You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."
I certify that all answers on this form are correct and trug. Signature of Claimant x (See Imported Remptders on Page 1, Claim Instructions)
Subscribed and sworn to before me this 25 Day of Hugus 1 ALEXANDER 9 SALVANO Notary Public - State of New Jersey
Signature of Notary Public x (Lup Acida) My Commission Expires man
PLA-8801

EXHIBIT "G"

Case 2:19-cv-05546-NIQA Document 9 Filed 01/13/20

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PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primerica Parkway . Duluth, Georgia 30099-0001

FOR ASSISTANCE CALL TOLL-PREE

0432007528	CLAIM	ANT'S STA	ATEMENT	•	1-888-893-9858
	Please Attac	h a Certified I	eath Certifica	ite	
Please show all name name, nickname, der 1. Deceased's Name in	s the deceased was ki loative form of first a	nown by, included the new control of the control of	ame, or any a	lias.	e, hyphenated
2. Policy Numbers	043800	7528			
B. Deceased's Birth Date		Source Birth	e from which Date Obtained_		S / Cense
Residence of Deceased at Death_	13 WOC	odbury	Cour	100 0	HIII, NJ
Date of 7/	19/19	Place of Dea	th Came	(*)	
Cause of Death		. 7. Your r	eletterelle	employe	
. Employer FOEL	memonae T	enple Decease	sed's Pa	STOR	
. If deceased has insur	rance with other compa	nies, list names	of companies an	nd amounts belo	w;
	Names of C	FM04320	0 7528	A	mounts V/a_
0. Marital Status of Dec	ceased Widow	PER Spouse	's Name	Tean Fo	ORD
^	Shanelle FOR	THE PROPERTY OF THE PARTY OF TH	's Address		
vulueus;	FORD 111; Syret	talawren	ce		

The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

The Claimant Information on the reverse side must be filled out completely in order to avoid any dela

CLAIMANT INFORMATION

Please read	The information in this section must pertain to the Claimant (the beneficiary). I carefully. Please print or type and complete in full. This form must be signed and notarized.
Claimant's Full Nan	ne: FORD memorial Temple
Date of Birth:	Social Security No. or Tax Id.:
Permanent Address	Individual · Claimant's Social Socurity Number · Estate Tax id Number · Guardian - Child's Social Socurity Number · Trust Tax id Num
	thiladelphia PH 19140
Mailing Address: (if different than above)	Same as above
Home Phone: (One Nuclear Work Phone Code Phone Number
Please select your i	method of payment by marking the appropriate box below:
Primerica Esta	te Account
conditions of the	eview the payment method information found in the Claim Instructions on page 1 and the "Terms and Primerica Estate Account Agreement on page 1A. Your signature below confirms acceptance of ate Account Agreement if chosen above.
The number sho am not subject by the Internal I dividends, or (c) am a U.S. perso Certification Instruc-	of perjury, I certify that: who on this form is my correct taxpayer identification number; and to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or that the IRS has notified me that I am no longer subject to backup withholding; and n (including a U.S. resident alien). tions. — You must cross out item 2 if you have been notified by the IRS that you are currently subject to because you have failed to report all interest and dividends on your tax return.
sta con fac	y person who knowingly and with intent to defraud any insurance pany or other person files an application for insurance or tement of claim containing any materially false information or ceals for the purpose of misleading, information concerning any t material thereto commits a fraudulent insurance act, which is a me and subjects such person to criminal and civil penalties."
l certify that all ansi	vers on this form gre correct and true.
Signature of Claimant	× Chess These These (55) Informant Reminders' on Page 1, "Chalco Instructions)
Subscribed and swor	n to before me this 287H Description of the Descrip
Signature of Notary P	Philadelphia Department 31, 2022

Cross-Claimant's Exhibit A

Entity#: 2866458
Date Filed: 07/19/2019
Pennsylvenia Department of State

Document will be returned to the usame and address you enter to the left. PENNSYLAANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
Annual Statement-Nonprofit Corporation
(15 Pa.C.S. § 5110)

Chy King of Prussia

Fee: \$0.00

ln compliance with the requirements of 15 Pa.C.S. § 5110 (retaing to annual report), the undersigned domestic or qualified foreign nonpervites, bereby states that:

FORD MEMORIAL TEMPLE, INC. 1. The name of the corporation is:

4031-4037 Germaniown Ave	Phildelphia	2	19140	Philadelphia
Number and street	City	State	Zip	County
3. The names and little of th	The names and litte of the persons who are its principal officers are:	ipal officers are:		540
Nather			Titles	
Andrew Ford		_	President	
Cheryl White			Secretary	
Patricia Reman			Dessurer	

IN TESTIMONY WHEREOF, the undersigned corporation has caused (his Annual Statement to be signed by a duly autherized officer thereof this Patricia Roman Theasurer FORD MEMORIAL TEMPLE, INC. 19 day of July , 2019

PENN Files July 19, 2019

Business Entity

Page 1 of 2



Corporations

Corporations | Forms | Contact Corporations | Business Services

Search
By Business Name
By Business Entity ID
Verify
Verify Certification

Business Entity Filing History

(Select the link above to view the Business Entity's Filing History)

Business Name History

Name

Name Type

FORD MEMORIAL TEMPLE, INC.

Current Name

Non-Profit (Non Stock) - Domestic - Information

Entity Number:

Date: 2/8/2007

2866458

Status:

Active

Entity Creation Date:

3/15/1999 10:33:51 AM

State of Business .:

PA

Principal Office Address:

% ANDREW J FORD JR 4031-37 GERMANTOWN AVE

PHILADELPHIA PA 19140-0

Mailing Address:

No Address

Officers

Name: Title:

ANDREW J FORD JR

President

Address:

4031-37 GERMANTOWN AVE

PO BOX 9760

PHILADELPHIA PA 19140-0

Name:

DOLORES R COLEMAN

Title:

Secretary

Address:

4031-37 GERMANTOWN AVE

PO BOX 9760

PHILADELPHIA PA 19140-0

Name:

PATRICIA A ROMAN

Title:

Treasurer

Address:

4031-37 GERMANTOWN AVE

PO BOX 9760

PHILADELPHIA PA 19140-0

Home | Site Map | Site Feedback | View as Text Only | Employment

Cross-Claimant's Exhibit B

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		TE OF DEATH			2019004	1645
1a. Legal Name of Decedent (Fire Andrew James Fo		The state of the s				
1b. Also Known As (AKA), If Any		1		12 17		LIM
		*	TV and a second			
2. Sex 3. Social :	Security Number	4a. Age		5. Date	of Birth (Mo/Day/Yr)	
6. Birthplace (City & State/Foreign Philadelphia, Pennsylvania	Country)	66 Years	- 油油	7500		-
7a. Residence-State	7b. County		7c. Municipality/C	ity	- Complete	1
New Jersey 7d. Street and Number	Camden	7e. Apt No.	Cherry Hill Toy		7g. Inside City Lir	mb-2
13 Woodbury Drive 8a. Ever in US Armed Forces?	8b. If Yes, Name of	of War.	8c. War Service D)3	Yes Yes	прег
No 9. Domestic Status at Time of Dea	th 10. N	ame of Surviving Spouse	E A I	All parties of		1
Wildowed 11. Father's Name (First, Middle, L			7	a ditti oi qir ditt		5
Andrew Ford 12. Mother's Name Prior to First M		14 Mp				
Eirita Coaxum 13a. Name of Informant				1:-		7
Syreeta Lawrence 13c. Mailing Address (Street and N	lumber City State 7in	200		118	 Relationship to Deced Daughter 	ent
5251 Merschon Street, Philade	lphia, PA 19149	Tr.				X 1.2
		ame of cemetary, cremato	ory, other)	16. Location- C	ity & State/Foreign Count	try
Burial 17. Name and Complete Address of	lvy Hill Cemetery	il.	· · · · · · · · · · · · · · · · · · ·	Philadelphia, P	ennsylvania United States	1
Turay Memorial Funeral Chape 8. Electronic Signature of Funeral	il, Inc., 2534 N. 22nd St	reet, Philadelphia PA 19	132			
Pamela M Dabney	Director				19. NJ License Nun 23JP00412500	nber
20. Decedent Education	Harris (21. Decede	nt of Hispanic Origin?	22	Decedent Race	1
Associate degree (AA, AS)			ish / Hispanic / Latino	,	Black or African Americ	in i
23. Occupation of Decedent (Type Pastor	of work done most of life	e, even if retired)	4. Kind of Business/inc Religion	dustry		1
25. Name and Address of Last Emp Ford Memorial Temple, 4031 G	ployer ermantown Ave, Philac	leiphia, PA 19140				
26. Date Pronounced Dead (Mo/De	y/Yr) 28	Name of Person Pronou	ncing Death .			
7. Time Pronounced Dead (24-hr)		Sunil Ramaswan	rgy .	Igo nos er	ad (Mo/Day/Yr)	
1217 31. Date of Death (Mo/Day/Yr)	25MA1059540) this	edical Examiner Contac	07/19/2019	lace of Death	
07/19/2019	1217	No	Lamba Coles			
5a. Facility Name (If not institution	, give street and number			Но	spital: inpatient	-
Cooper Hospital/University Med 35b. Municipality	dical Center		35c. Count	v		
Camden City	I-IMMEDIATE CAUSE	- final disease or conditio	Camden	Eric Committee of the		
CAUSE OF DEATH: CBUSE listed	on Line a. Enter the Ut	IDERLYING CAUSE (dis		ted the events re	sulting in death) LAST.	
. Acid and the second					erval Between Onset and ew days	Death
ue to (or as a consequence of):			3-18: HT	f	w days	The state
ue to (or as a consequence of):	7 M				101	
ue to (or as a consequence of):					1	
6b. PART II - Enter other significar nderlying cause given in PART I.	nt conditions contributing	to death but not resulting		Autopsy Perform	ned?	-
			No 38. Were A	utopsy Findings	Available to Complete Ca	use of
9. Date of Injury (Mo/Day/Yr)	do Fee (1)	I Te HIT	Not Appl	icable		. 4 .
	40. Time of Injury (24-hr)		g. home, construction	OCCUPATION OF THE PROPERTY OF	42. Injury at work	?
	Street, Zip Code)	43b. Municipality		43a, County	43d. Stat	0
		€.	6	45. If Trans	portation Injury:	
4. Describe How Injury Occurred	LAZ DIA D	lie Die T-L	411		2	
Describe How Injury Occurred Manner of Death	47. Did Deceden Have Diabetes?		49. If Female, Pregr	nancy State		D - 1
3a. Location of Injury (Number and 4. Describe How Injury Occurred 5. Manner of Death Natural 6. Certifier Type	Have Diabetes? Yes	Contribute to Death? Unknown	Not applicable	nancy State		
Describe How Injury Occurred Manner of Death Natural Certifier Type	Yes 51. Name, A	Contribute to Death? Unknown ddress, and Zip Code of	Not applicable Certifier	nancy State		A dispersion of the second of
4. Describe How Injury Occurred 5. Manner of Death Natural	Yes 51. Name, A	Contribute to Death? Unknown	Not applicable Certifier		Date Certified (Mo/Day)	**************************************

DATE ISSUED: August 05. 2019

	14. Method of Disposition 15. P	16. Location- City & State/Foreign Country						,			
	17. Name and Complete Address of F	Hill Cemetery	N			Philadelpi	nia, Pannsylva	nia United States			
	Turay Memorial Funeral Chapel	Turay Memorial Funeral Chapel, Inc., 2534 N. 22nd Street, Philadelphia PA 19132 18. Electronic Signature of Funeral Director									
	Pamela M Dabney	Pamela M Dafines									
	20. Decadent Education			21. Decedent	of Hispanic Origin	n2	22. Deced	23JP00412500			
	Associate degree (AA, AS)				Not Spanish / Hispanie / Letino			Black or African American			
	23. Occupation of Decedent (Type of Pastor	23. Occupation of Decedent (Type of work done most of life, even			n if retired) 24, Kind of Business/Industry			Diagk of Affican American			
	25. Name and Address of Last Employee Religion										
	Ford Memorial Temple, 4031 Germantown Ave, Philadelphia, PA 19140 26. Date Pronounced Dead (Mo/Dey/Yr) 28. Name of Person Pronouncing Death										
	07/19/2019		Sunil Ra	maswam	ang Death V	and of					
	27. Time Pronounced Dead (24-hr) 1217	29. License Nur 25MA105954	mber		į.	30. Date	Signed (Mo/	Day/Yr)			
	31. Date of Death (Mo/Day/Yr)	32. Time of Death		33. Was Med	lical Examiner Cor	07/19/2	019 34. Place of				
	07/19/2019	1217		No							
	35a Facility Name (if not institution one street and author)								45		
	35b Municipality	Cooper Hospital/University Medical Center 35b. Municipality									
	Canadan City -	Candes City									
	CAUSE OF DEATH: Cause listed or	n Line a. Enter the L	E - final disease INDERLYING C	or condition (CAUSE (disea	resulting in death. se or injury that in	Subsequently nitiated the ever	list condition	is, if any, leading to) the		
	a. Allerton comments						Interval Be	tween Onset and D	eath		
	Due to (or as a consequence of): b. I	Due to (or as a consequence of):						1			
*	Due to (or as a consequence of):							<u> </u>			
	Due to (or as a consequence of):						" di		- 191		
	d.					The second second					
	underlying cause given in PART I.	36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. No. 11.									
	38. Were Autopsy Findings Available to Complete Cause of										
	Not Applicable										
	42. Injury at work?										
	and the same of th	43a. Location of Injury (Number and Street, Zip Code)			43b. Municipality 43c. County						
Record	44. Describe How Injury Occurred	44. Describe How Injury Occurred 45. If Transportation Injury:									
Contains Amendment		Į.									
	46. Manner of Death	47. Did Decede Have Diabetes		obacco Usa e to Death?	49. If Female, Pro	egnancy State				116	
	Natural	Yes	Unknow		Not applicable	. A.					
	50. Certifier Type 51. Name, Address, and Zip Code of Cartifier Sunit Ramasuamy								100		
			Pronouncer and Certifier Sunii Ramaswamy 1 COOPER PLAZA Dorrance 222, Camden, NJ 08103								
	Pronouncer and Certifier	Sunii Ra	maswamy ER PLAZA Don	Tance 222, C	amden, NJ 08103	3	32.5	16			
	Pronouncer and Certifier 52. Electronic Signature of Certifier	Sunii Ra	ER PLAZA Don		amden, NJ 08103 53. License Numi			ertified (Mo/Day/Y	7)		
	Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy	Sunii Ra 1 COOP	ER PLAZA Don		53. License Numi	ber	07/19/20)19			
	Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy 55. Electronic Signature of Local Register	Sunii Ra 1 COOP	ER PLAZA Don			ber					
DATE ISSU	Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy	Sunii Ra 1 COOP	maswamy ER PLAZA Dor		53. License Numi	ber	07/19/20 Received)19			
DATE ISSUED BY	Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy 55. Electronic Signature of Local Registe Jazmin Rodriguez JED: August 05, 2019	Sunii Ra 1 COOP	IMASWAMY ER PLAZA Dor		53. License Numi	57. Date	07/19/20 Received	Case ID Numb			
ISSUED BY	Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy 55. Electronic Signature of Local Registe Jazmin Rodriguez UED: August 05, 2019 Y:	Sunil Ra 1 COOP	MASWAMY ER PLAZA Dor		53. License Numi	57. Date	07/19/20 Received	Case ID Numb			
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ISSUED BY Camden (Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy 55. Electronic Signature of Local Registe Jazmin Rodriguez UED: August 05, 2019 Y:	Sunii Ra 1 COOPi	ER PLAZA Dor		53. License Numi	57. Date	07/19/20 Received	Case ID Numb			
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ISSUED BY Camden (Kelly Neg	Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy 55. Electronic Signature of Local Regist Jazmin Rodriguez UED: August 05, 2019 Y: City, CITY HALL ROOM Iron, Alternate Deputy Room I that the above is correct	Sunil Ra 1 COOP	ER PLAZA Dor		53. License Numi	57. Date	07/19/20 Received	Case ID Numb			
ISSUED BY Camden (Kelly Neg This is to certify from a	Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy 55. Electronic Signature of Local Registe Jazmin Rodriguez UED: August 05, 2019 Y: City, CITY HALL ROOM Iron, Alternate Deputy Room Iron that the above is correct record on file in my office.	Sunil Ra 1 COOP	ER PLAZA Dor		53. License Numi	57. Date	07/19/20 Received	Case ID Numb			
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This is to certify from a Certified copy in Seal of the State	Pronouncer and Certifier 52. Electronic Signature of Certifier Sunil Ramaswamy 55. Electronic Signature of Local Registe Jazmin Rodriguez UED: August 05, 2019 Y: City, CITY HALL ROOM Iron, Alternate Deputy Room Iron that the above is correct record on file in my office.	Toopied ee. di Great all of the	PLAZA DOR		53. License Numi	57. Date	07/19/20 Received	Case ID Numb			

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

PRIMERICA LIFE INSURANCE COMPANY

Plaintiff,

DOLORES FORD COLEMAN,

Defendant, et al. * No. 19-5546

CERTIFICATE OF SERVICE

I, Seth P. Maltzman, Esquire, hereby certify that on the date stated below served the following parties the foregoing Answer with Affirmative Defenses by First Class Mail, postage prepaid:

Sean P. Mahoney, Esquire White & Williams, LLP 1650 Market Street, Suite 1800 Philadelphia, PA 19103

Respectfully submitted,

Seth P. Maltzman, Esquire

Dated: 1 13 2020